

Financial Transaction Request Form Indexed Universal Life Contract

Policy number	Insured	Owner	Daytime phone number
---------------	---------	-------	----------------------

1. ☐ **Make a POLICY LOAN for \$** _____ (or the full amount available, if less).
- ☐ Fixed Account Loan*
- ☐ Indexed Account Loan**

Important – Please read the Loan Provisions of your Policy for details of how a loan works and what effect a loan may have on the longevity of your policy.

*If there is not sufficient value in the unloaned Fixed Account to secure the requested amount, the difference will be taken from the Indexed Account and moved to the Fixed Account. The amount taken from the Indexed Account will draw first from the most recently created Segment, followed by the next most recently created Segment. If multiple Segments were created the same day then the amount will be taken pro rata.

Any deductions that reduce or deplete an indexed Segment will result in a reduction or loss of an Indexed Credit that might otherwise have been credited to that Segment.

**If there is insufficient value in the Indexed Account to secure the requested amount, the difference will be transferred from the Fixed Account to the Indexed Account on the next transfer date.

Must also complete Section #2 below

2. ☐ **LOAN REPAYMENT ALLOCATION***
- ☐ Fixed Account Loan Amount \$ _____ Mode _____
- ☐ Indexed Account Loan Amount \$ _____ Mode _____

*If not specified, we will apply any loan repayments first to Indexed Account Loans. Unless otherwise noted, we will set up a \$25.00 per month repayment notice.

Check one of the following loan repayment options:

- ☐ Pre-authorized check payment. (Form required) \$10 monthly minimum. ☐ Monthly bill plan. \$25 monthly minimum.

3. ☐ **Make a PARTIAL SURRENDER for \$** _____ (or for the full amount available, if less).

Important – Please read the Partial Surrender Provision of your Policy for details of how a Partial Surrender works and what effect a partial surrender may have on the longevity of your policy.

- 1) \$50.00 minimum.
- 2) A \$25.00 Partial Surrender charge will be assessed.
- 3) Partial surrenders that reduce the specified amount may be subject to an additional surrender charge. Refer to the Partial Surrender section of your Policy Contract.
- 4) Proceeds and charges will be deducted as follows:
Unloaned Fixed Account
Indexed Account beginning with the most recently created Segment. If multiple Segments were created the same day then the amount will be taken pro rata.
- 5) **Any deductions that reduce or deplete an indexed Segment will result in a reduction or loss of an Indexed Credit that might otherwise have been credited to that Segment.**

SIGNATURES (To be completed for Transactions 1, 2, and 3.)

X _____	X _____	X _____
Signature of Owner	Signature of Assignee (if any)	Date

Policy number	Insured	Owner	Daytime phone number
---------------	---------	-------	----------------------

4. ☐ **SURRENDER.** Pay all of the value of this contract and terminate any insurance protection represented by this contract. No Indexed Credits will be earned on Segments that have not matured.
- All taxable distributions will be reported to the IRS.
 - Cost of insurance will be charged until the date a signed request is received in our office.
 - Any outstanding loan balance, plus interest and applicable surrender charges will be deducted from the policy value.

Please Check One: ☐ Contract returned with original request.
☐ Contract to be surrendered is enclosed. (Return only Page 3 of the Contract.)
☐ Contract has been lost, destroyed, stolen, or cannot be located at this time.

If electing this transaction, you MUST also complete the FEDERAL TAX INFORMATION Section #6.

SIGNATURES (To be completed for Surrender.)

X _____	X _____	X _____
Signature of Owner	Signature of Assignee (if any)	Date

5. ☐ **TRANSFER FIXED FUNDS***

Transfer from	Dollar Amount or Percentage to Transfer	Transfer to Account(s) Listed Below	Allocation Percentage
Fixed Account	_____	Indexed Account A – Annual Point-to-Point with Cap	_____
		Indexed Account B – Annual Point-to-Point with Participation Rate	_____
		Indexed Account C – Annual Point-to-Point with Cap**	_____
		Indexed Account E – Annual Point-to-Point with Cap and Multiplier**	_____
		Total	100%

Use whole percentages only, Allocation percentages must total 100%.

*Only funds in the Fixed Account may be transferred prior to Segment maturity.

**Contains an Indexed Account charge.

SIGNATURES (To be completed for Transfer Funds.)

X _____	X _____	X _____
Signature of Owner	Signature of Assignee (if any)	Date

Note: Any monies pending automatic transfer will process based upon the current premium allocation on file. To change the premium allocation, please complete a new allocation form (M700).

Policy number	Insured	Owner	Daytime phone number
---------------	---------	-------	----------------------

6. ☐ FEDERAL TAX INFORMATION and withholding election.

Certification – Under penalties of perjury I certify

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3) I am a U.S. citizen or other U.S. person (defined below); and
- 4) A FATACA code does not apply.

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. If Social Security number (SSN)/Tax Identification Number (TIN) is not supplied, federal and state income tax back-up withholding may apply. Failure to provide your correct SSN/TIN may result in a \$100 penalty under Internal Revenue Code 6723.

Social Security number of Insured

Social Security number of Owner

If you have not provided us with your correct Social Security number, you may be subject to a \$50 penalty imposed by the IRS. If you do not elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding are not adequate.

MANDATORY WITHHOLDING OF 20% APPLIES TO HR-10, 403(B) AND 501(C)(3) TAX-SHELTERED DISTRIBUTIONS.

Effective Jan. 1, 1993, the Unemployment Compensation Amendment of 1992 requires a mandatory 20% withholding on HR-10, 403(b) and 501(c)(3) distributions paid to the individual. If this affects you, a "Special Tax Notice" has been enclosed. Please read it carefully in order to understand the mandatory withholding requirements.

The distribution will be sent no less than 30 days from the date the notice is given. Under IRS notice 93-26, this 30-day waiting period may be waived if certain requirements are met.

☐ **I elect to waive the waiting period.**

CAUTION: The taxable portion of a surrender from an Annuity contract may be subject to a 10% premature distribution penalty if recipient's age is not at least 59 ½. You may want to consult a tax advisor.

Please make your election below. (If election is not specified, we will automatically withhold 10%.) A withholding election is not available if this contract is subject to a 20% mandatory federal withholding.

☐ **NO**, do not withhold income tax.

☐ **YES**, withhold standard 10% of taxable amount. ☐ **YES**, withhold _____% of taxable amount.

SIGNATURES (To be completed for Federal Tax Information.)

X _____	X _____	X _____
Signature of Owner	Signature of Assignee (if any)	Date

Policy number	Insured	Owner	Daytime phone number
---------------	---------	-------	----------------------

7. ☐ **SEGMENT REALLOCATION AT MATURITY***

<u>Reallocate From</u>	<u>Reallocation % To</u>					<u>Total</u>
	<u>Index A</u>	<u>Index B</u>	<u>Index C**</u>	<u>Index E**</u>	<u>Fixed</u>	
Indexed Account A – Annual Point-to-Point with Cap	____%	____%	____%	____%	____%	____%
Indexed Account B – Annual Point-to-Point with Participation Rate	____%	____%	____%	____%	____%	____%
Indexed Account C – Annual Point-to-Point with Cap**	____%	____%	____%	____%	____%	____%
Indexed Account D – Annual Point-to-Point with Spread	____%	____%	____%	____%	____%	____%
Indexed Account E – Annual Point-to-Point with Cap and Multiplier**	____%	____%	____%	____%	____%	____%

Use whole percentages only, reallocation percentages must total 100% for each existing account.

***Form needs to be completed and returned 30 days prior to Segment maturity.**

****Contains an Indexed Account charge.**

This Segment Reallocation will remain in effect until a new reallocation request is received.

SIGNATURES *(To be completed for Segment Reallocation at Maturity.)*

X _____	X _____	X _____
Signature of Owner	Signature of Assignee (if any)	Date

Remarks _____

Registered representative/Agent _____ Agency _____

2024

1a First name and middle initial	Last name	1b Social security number
----------------------------------	-----------	---------------------------

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
---	--	---	---

Sign Here		
	Your signature (This form is not valid unless you sign it.)	Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

* If married filing separately, use \$380,200 instead for this 37% rate.

General Instructions (*continued*)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.